



UNITED PUMPING SERVICE, INC.

14016 EAST VALLEY BOULEVARD
CITY OF INDUSTRY, CALIFORNIA 91746
PHONE: (818) 961-9326
FAX (818) 336-7734

FIELD WORK ORDER

DOAFZ
33762

PAGE ____ OF ____

CUSTOMER/ADDRESS

Douglas Aircraft Co.
19503 S. Normandie Ave.
Torrance CA

PHONE NO.

CONTACT

LOCATION

Treatment plant.

DATE WORK PERFORMED

6-12-93

DATE OF THIS REPORT

TIME CALL RECEIVED

CONTRACT NO.

LOSS REPORT NO./P.O. NO.

58525052-F10407

SCOPE OF WORK

Pump and clean and transfer liquid from tanks

EQUIPMENT: TYPE	EQUIPMENT NO.	OPERATOR NAME	START TIME	ARRIVE TIME	TIME OUT	STOP TIME	S.T. TIME	O.T. TIME	TOTAL HOURS
1 vacuum truck	22/19	A. Ayala	3A	4:15	3P	1630			10.75
		OFFLOAD		1435	1835				4

PERSONNEL: NAME	TITLE	START TIME	ARRIVE TIME	TIME OUT	STOP TIME	S.T. TIME	O.T. TIME	TOTAL HOURS
C M Magan								

DISPOSAL: MANIFEST NO.	DISPOSAL SITE	QTY	UNIT
9274625	Chem-Tech	15680	P.

CONSUMABLE: TYPE	QTY	TYPE	QTY
Gloves	1		

ADDITIONAL INFORMATION

SIGNED

Robert G. Snell, Jr.

INVOICE COPY

BOE-C6-0195773

**CHEM-TECH SYSTEMS***A Commitment To A Clean Environment*

3650 EAST 26th STREET
LOS ANGELES, CALIFORNIA 90023
(213) 268-5056

INVOICE DATE: 06/14/93
JOB DATE: 06/14/93

INVOICE NUMBER:0010884-IN

10884

U001000

INVOICE TO:

UNITED PUMPING
14016 E. VALLEY BLVD
CITY OF INDUSTRY CA 91746

RE: RQ, HAZ WASTE LIW NOS CHROMIUM

GENERATOR:

DOUGLAS AIRCRAFT COMPANY
19503 S NORMANDIE AVENUE
TORRANCE CA 90502

CUSTOMER P.O.	MANIFEST #	WAST ID #	TERMS
	92746251	230611-08	DUE UPON RECEIPT

	QTY	UNIT	PRICE	AMOUNT
LAB # 93-858 TRANSPORTER: UNITED PUMPING				
OB - BULK GALLONS	1796.00	GAL	1.05	1,885.80
EFFLUENT WASHOUT	100.00	GAL	1.05	105.00

OTHER CHARGES:

3/4 HOUR	
WASHOUT FEE (\$400 PER HOUR)	300.00
PROFILE FEE	150.00

INVOICE TOTAL: 2,440.80

**UNIFORM HAZARDOUS
WASTE MANIFEST**

1. Generator's US EPA ID No.

Manifest Document No.

2. Page 1

Information in the shaded areas
is not required by Federal law.

CIAID08161511010105

93088

of 1

3. Generator's Name and Mailing Address

Douglas Aircraft Company Attn: R. Tuell M/S C6-59
19503 S. Normandie Avenue, Torrance, CA 90502

A. State Manifest Document Number

92746251

4. Generator's Phone

(310) 533-7926 or (310) 533-7231

B. State Generator's ID

H/A/H/03/6/0/0/5/6/9/8/1

5. Transporter 1 Company Name

United Pumping Service

6. US EPA ID Number

CIAID072953771

C. State Transporter's ID

108496
(818) 961-9326

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address

Chem-Tech Systems, Inc.
3650 E. 26th Street
Vernon, CA 90023

10. US EPA ID Number

CAT0800033681

G. State Facility's ID

CAT0800033681
(213) 268-3137

H. Facility's Phone

11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)

RQ, Hazardous Waste Liquid, N.O.S. (Chromium)
ORM-E, NA9189 (D007)

12. Containers

No.

Type

13. Total

Quantity

14. Unit

Wt/Vol

I. Waste Number

001

TT

15680

P

State

132

EPA/Other

State

EPA/Other

State

EPA/Other

State

EPA/Other

J. Additional Descriptions for Materials Listed Above

a) Profile # 109073. Chromium Reduction Tank Rinse.
Chromium Hydroxide 0-3% Scale 0-5%
Sodium Sulfate 0-3% Dirt 5-10%
Chromium Sulfate 0-0.1% Water 78.9-95%

K. Handling Codes for Wastes Listed Above

a.

01

b.

c.

d.

15. Special Handling Instructions and Additional Information

In case of accident contact Chemtrec at 800-424-9300. (24 hr emergency #)
DOT ERG # 31. Weight is approximately 169 06-12-93

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of the consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable federal, state and international laws.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name

Robert G. Tuell, Jr.

Signature

Robert G. Tuell, Jr.

Month

Day

Year

06/12/93

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Alfredo Ayala

Signature

Alfredo Ayala

Month

Day

Year

06/12/93

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month

Day

Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

BRET KYLE

Signature

Bret Kyle

Month

Day

Year

06/14/93

DO NOT WRITE BELOW THIS LINE.

CERTIFICATE OF TREATMENT/RECYCLING

ISSUED TO

DOUGLAS AIRCRAFT COMPANY

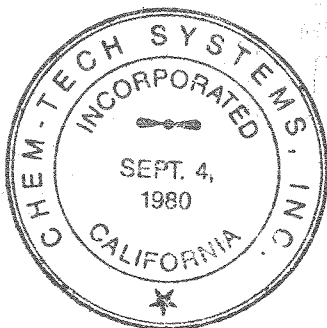
FOR

MANIFEST NUMBER 92746251

DATE RECEIVED JUNE 14, 1993

The aqueous waste received on the above manifest will be treated to standards mandated by the FEDERAL CLEAN WATER ACT and to effluent requirements established by the Sanitation Districts of Los Angeles County. Waste treatment and recycling is performed under permits granted to CHEM-TECH SYSTEMS, INC., a California corporation, by the California Department of Health Services, in coordination with the Environmental Protection Agency, in accordance with the provisions of the Resource Conservation and Recovery Act (RCRA) of 1976, together with applicable federal and state regulations including but not limited to waste discharge requirements established by the Sanitation Districts of Los Angeles County.

When the above described material is accepted by CHEM-TECH SYSTEMS, INC. and treated/recycled and the aqueous phase discharged for further treatment by the Sanitation Districts, the certificate holder's responsibility for the material is eliminated under both RCRA and Proposition 65. Upon request, CHEM-TECH SYSTEMS, INC. will issue this certificate that all material has been handled in accordance with applicable permits, and the certificate holder's liability has been terminated.



CHEM-TECH SYSTEMS, INC.
a commitment to a clean environment

By:

Herman Comitt
GENERAL MANAGER

TITLE

JUNE 14, 1993

DATE

3650 EAST 26th STREET • VERNON, CALIFORNIA 90023
(213) 268-5056 • FAX: (213) 268-9672

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address Douglas Aircraft Company Attn: R. Tuell M/S C6-59 19503 S. Normandie Avenue, Torrance, CA 90502		C A D 0 8 6 5 1 0 0 0 5	9 3 0 8 8		A. State Manifest Document Number 92746251
4. Generator's Phone (310) 533-7926 or (310) 533-7231		6. US EPA ID Number			B. State Generator's ID H A H 0 3 6 0 0 5 6 9 8 1
5. Transporter 1 Company Name United Pumping Service		7. Transporter 2 Company Name			C. State Transporter's ID 108496
8. US EPA ID Number		9. Designated Facility Name and Site Address Chem-Tech Systems, Inc. 3650 E. 26th Street Vernon, CA 90023			D. Transporter's Phone (818) 961-9326
10. US EPA ID Number		10. US EPA ID Number			E. State Transporter's ID
11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers		13. Total Quantity	14. Unit Wt/Vol
a. Hazardous Waste Liquid, N.O.S. (Chromium) ORM-E, NA9189 (D007)		No. Type			
		0 0 1 T T		15680	P
b.					I. Waste Number State 132 EPA/Other 0007
c.					State EPA/Other
d.					State EPA/Other
J. Additional Descriptions for Materials Listed Above a) Profile # 109073, Chromium Reduction Tank Rinse. Chromium Hydroxide 0-3% Scale 0-5% Sodium Sulfate 0-3% Dirt 5-10% Chromium Sulfate 0-0.1% Water 78.9-95%		K. Handling Codes for Wastes Listed Above a. b. c. d.			
15. Special Handling Instructions and Additional Information In case of accident contact Chemtrec at 800-424-9300. (24 hr emergency #) DOT ERG # 31. Weight is approximate 269 06-12-93					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of the consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable federal, state and international laws. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.					
Printed/Typed Name Robert G. Tuell, Jr.		Signature Robert G. Tuell, Jr.		Month 06	Day 12
17. Transporter 1 Acknowledgement of Receipt of Materials		Signature Alfredo Ayala		Year 93	
Printed/Typed Name Alfredo Ayala		Signature Alfredo Ayala		Month 06	Day 12
18. Transporter 2 Acknowledgement of Receipt of Materials		Signature		Year 93	
Printed/Typed Name		Signature		Month	Day
19. Discrepancy Indication Space					
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.					
Printed/Typed Name		Signature		Month	Day
				Year	

DO NOT WRITE BELOW THIS LINE.

Generator Name: Douglas Aircraft Co.
Chem-Tech Systems Waste I.D. Number:

USEPA I.D.#: CA0086510005
Manifest Number: 92746251

This form is submitted to Chem-Tech Systems, Inc. in accordance with 40 CFR Part 268, which restricts the land disposal of certain hazardous wastes.

I. Identification of the Waste Stream

A. The waste stream is ☐ wastewater ☒ non-wastewater

B. Identify ALL USEPA hazardous waste numbers that apply to this shipment (as defined in 40 CFR Part 261). Identify the corresponding sub-category (as defined in 40 CFR 268.41, .42, .43) if applicable.

USEPA Hazardous Waste Number	Subcategory	USEPA Hazardous Waste Number	Subcategory
D007			

(use additional sheets as necessary)

II. Management Requirements of the Waste Stream:

(In accordance with the waste analysis) and recordkeeping requirements as defined in 40 CFR 268.7, please indicate how this waste is to be managed to comply with the regulations.

☒ A. Restricted Waste Subject to Treatment

I am the generator of the restricted waste which must be treated to the applicable treatment standard as defined in 40 CFR Part 268 Subpart D and all prohibitions set forth in 40 CFR 268.30, RCRA Section 3004 (d), prior to land disposal. This requirement applies to USEPA hazardous waste number(s): D007

and/or the following California list constituents ☐ acid, ☐ metals, ☐ cyanides, ☐ HOCs, ☐ PCBs. A copy of the applicable treatment standards and methods is maintained at Chem-Tech Systems, Inc.

SEP 15 10 20 P.2/3
☐ B. Restricted Waste Treated to Performance Standards

The USEPA hazardous waste number(s)

Has/have been treated in compliance with applicable performance standards as defined in 40 CFR Part 268 Subpart D. I have attached all supporting analytical data. I certify under penalty of law that I have personally examined and am familiar with the treatment technology and the operation of the treatment process used to support this certification and that, based on my inquiry of those individuals immediately responsible for obtaining this information, I believe that the treatment process has been operated and maintained properly so as to comply with the performance levels specified in 40 CFR Part 268 Subpart D and all applicable prohibitions set forth in 40 CFR 268.32 or RCRA Section 3004(d) without impermissible dilution of the prohibited waste. I am aware that there are significant penalties for submitting a false certification, including the possibility of fine or imprisonment.

☐ C. Restricted Waste with Technology Based Treatment Standards

I certify under penalty of law that the waste has been treated in accordance with the requirements of 40 CFR 268.42. I am aware that there are significant penalties for submitting a false certification including the possibility of fine and imprisonment. Treatment has been performed for USEPA hazardous waste number(s) .

☐ D. Restricted Waste Subject to a Variance or Extension

The restricted waste(s) identified in (I) above is subject to a case-by-case extension, a national capacity variance, or a treatability variance. This variance applies to USEPA hazardous waste number(s) and expires on .

☐ E. Restricted Waste can be Land Disposed Without Further Treatment

I am the initial generator of the following USEPA hazardous waste number(s)

I have determined that the waste meets all applicable treatment standards as defined in 40 CFR Part 268 Subpart D, and all applicable prohibition levels set forth in 40 CFR 268.32, RCRA Section 3004(d), and CCR Title 22, Chapter 30, Article 41, and therefore can be land disposed without further treatment. A copy of all applicable treatment standards and specified treatment methods is maintained at Chem-Tech Systems, Inc. I certify under penalty of law that I personally have examined and am familiar with the waste through analysis and testing or through knowledge of the waste to support this certification that the waste complies with the treatment standards specified in 40 CFR 268 Subpart D and all applicable prohibitions set forth in 40 CFR 268.32 or RCRA Section 3004(d). I believe that the information I submitted is true, accurate and complete. I am aware that there are significant penalties for submitting a false certification, including the possibility of a fine and imprisonment.

I HEREBY CERTIFY THAT ALL INFORMATION SUBMITTED IN THIS AND ALL ASSOCIATED DOCUMENTS IS COMPLETE AND ACCURATE, TO THE BEST OF MY KNOWLEDGE AND INFORMATION.

Authorized

Signature :

Robert S. Truel, Title : Sr. Plant Engineer Date : 06-12-93

Name of Company Generating the waste :

Douglas Aircraft Company

WEIGHT TICKET

VENDOR: United Pumping Service

TRUCK #: 22 & 79

DATE: 6-12-93

CONTENTS: _____

DISPOSAL FACILITY: Chem-Tech

DRIVER: A. Ayala

GROSS 51480

TARE 35800

NET 15680

DRUM COUNT _____

GALLONS ≈ 2400 gal (per driver)
gauge read 1/2

STATE MANIFEST DOCUMENT NUMBER: _____



UNITED PUMPING SERVICE, INC.

FIELD WORK ORDER 33762

14016 EAST VALLEY BOULEVARD
CITY OF INDUSTRY, CALIFORNIA 91746
PHONE: (818) 961-9326
FAX (818) 336-7734

PAGE ____ OF ____

CUSTOMER/ADDRESS

Douglas Aircraft Co
19503 S. Normandie Ave.
Torrance CA

PHONE NO.

CONTACT

LOCATION

Treatment plant

DATE WORK PERFORMED:

6-12-93

DATE OF THIS REPORT:

TIME CALL RECEIVED:

CONTRACT NO.:

LOSS REPORT NO./P.O. NO.:

SCOPE OF WORK:

Pump and clean and transfer liquid from tanks

EQUIPMENT: TYPE	EQUIPMENT NO.	OPERATOR NAME	START TIME	ARRIVE TIME	TIME OUT	STOP TIME	S.T. TIME	O.T. TIME	TOTAL HOURS
Vacuum truck	2919	A. Ayala	00 3A	00 4A	00 3P				

PERSONNEL: NAME	TITLE	START TIME	ARRIVE TIME	TIME OUT	STOP TIME	S.T. TIME	O.T. TIME	TOTAL HOURS

DISPOSAL: MANIFEST NO.	DISPOSAL SITE	QTY	UNIT
92746251	Chem-Tech	15680	P.

CONSUMABLE: TYPE	QTY	TYPE	QTY
Gloves	1		

ADDITIONAL INFORMATION:

SIGNED

Robert G. J. Kelly, Jr.

CUSTOMER COPY

BOE-C6-0195781

Rob Twell's
Copy

HAZARDOUS WASTE PROFILE SHEET

Recertification Date _____ Waste I.D. No. _____ Contract No. _____ Sales Rep. _____

As prescribed by the Resource Conservation and Recovery Act (Public Law 96-510 Sec. 3004), a detailed chemical and physical analysis must be submitted before we can handle your waste stream. This information is necessary to help us evaluate whether we can safely and economically transport and dispose of your controlled industrial wastes in an environmentally sound manner. Be as complete as possible. If an area is not applicable, mark as such. Should a laboratory analysis be available, please attach it to this form. We can arrange analytical laboratory services, if needed, for an appropriate fee. All information we receive will be held in strictest confidence to protect your interests. **SAMPLE WILL NOT BE PROCESSED UNLESS ALL AREAS OF THIS SHEET ARE PROPERLY FILLED IN.** A fee of \$ _____ will be charged for processing this sample.

A. Customer Information Dun's No. _____ CTS Account No. _____ Name of Company <u>United Pumping Service</u> US EPA ID <u>CA0072953771</u> Facility Address _____ Mailing Address _____ _____ Technical Contact <u>Robert Ting</u> Title <u>Sales Manager</u> Phone (<u>818</u>) <u>961-9326</u> General Contact _____ Title _____ Phone () _____ Name of Parent or Corporate Headquarters _____ Phone () _____ Address _____					
B. Generator Information (if different than customer) Name of Company <u>Douglas Aircraft Co. CG-59</u> US EPA ID <u>CA0086510005</u> Facility Address <u>13502 S. Normandie Ave</u> Mailing Address <u>Same</u> <u>Lawrence, CA 90502</u> Technical Contact <u>Tracy Takahashi - IT Corp</u> Title <u>Project Scientist</u> Phone (<u>310</u>) <u>830-1781</u> General Contact <u>Rob Twell</u> Title <u>Senior Engineer</u> Phone (<u>310</u>) <u>533-7926</u>					
C. Waste Stream General Information <input type="checkbox"/> Check if small quantity Generator per 40CFR 261.5 Waste Name <u>Chrome Reduction Tank Rinse</u> Process Generating Waste <u>Tank Cleaning - Chrome Reduction Unit</u> Anticipated Volume <u>1,500</u> <input checked="" type="checkbox"/> Gallons <input type="checkbox"/> Yards <input type="checkbox"/> Tons <input type="checkbox"/> Bulk per <input type="checkbox"/> Year <input type="checkbox"/> Week <input type="checkbox"/> Month <input checked="" type="checkbox"/> One time Drum type and size _____ <input type="checkbox"/> Drums _____					
D. Physical Characteristics of Waste <table border="0" style="width:100%;"> <tr> <td style="width:50%; vertical-align: top;"> 1. General Characteristics (at 70°F unless otherwise specified) Color <u>Brown</u> <input checked="" type="checkbox"/> Liquid <u>90</u> % free Phases _____ Odor _____ <input checked="" type="checkbox"/> Solid <u>10</u> % <input type="checkbox"/> Single Layer <input checked="" type="checkbox"/> None <input type="checkbox"/> Strong <input type="checkbox"/> Sludge <input checked="" type="checkbox"/> Double Layer <input type="checkbox"/> Mild <input type="checkbox"/> Powder <input type="checkbox"/> Multi-Layer </td> <td style="width:50%; vertical-align: top;"> 2. Specific Gravity <input type="checkbox"/> < 0.8 <input type="checkbox"/> 1.4-1.7 <input type="checkbox"/> 0.8-1.0 <input type="checkbox"/> > 1.7 <input checked="" type="checkbox"/> 1.0-1.2 <input type="checkbox"/> Exact <input type="checkbox"/> 1.2-1.4 </td> </tr> <tr> <td colspan="2"> 3. Flash Point <input type="checkbox"/> < 100°F <input checked="" type="checkbox"/> > 200°F <input type="checkbox"/> 100-140°F <input type="checkbox"/> 140-220°F Method _____ </td> </tr> </table>		1. General Characteristics (at 70°F unless otherwise specified) Color <u>Brown</u> <input checked="" type="checkbox"/> Liquid <u>90</u> % free Phases _____ Odor _____ <input checked="" type="checkbox"/> Solid <u>10</u> % <input type="checkbox"/> Single Layer <input checked="" type="checkbox"/> None <input type="checkbox"/> Strong <input type="checkbox"/> Sludge <input checked="" type="checkbox"/> Double Layer <input type="checkbox"/> Mild <input type="checkbox"/> Powder <input type="checkbox"/> Multi-Layer	2. Specific Gravity <input type="checkbox"/> < 0.8 <input type="checkbox"/> 1.4-1.7 <input type="checkbox"/> 0.8-1.0 <input type="checkbox"/> > 1.7 <input checked="" type="checkbox"/> 1.0-1.2 <input type="checkbox"/> Exact <input type="checkbox"/> 1.2-1.4	3. Flash Point <input type="checkbox"/> < 100°F <input checked="" type="checkbox"/> > 200°F <input type="checkbox"/> 100-140°F <input type="checkbox"/> 140-220°F Method _____	
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3. Flash Point <input type="checkbox"/> < 100°F <input checked="" type="checkbox"/> > 200°F <input type="checkbox"/> 100-140°F <input type="checkbox"/> 140-220°F Method _____					
4. pH: <input type="checkbox"/> < 2 <input type="checkbox"/> 2-4 <input type="checkbox"/> 4-7 <input type="checkbox"/> 7 <input checked="" type="checkbox"/> 7-10 <input type="checkbox"/> 10- < 12.5 <input type="checkbox"/> ≥ 12.5 <input type="checkbox"/> Range _____ <input type="checkbox"/> NA					
E. Chemical Composition <u>Chromium Hydroxide</u> <u>0-3</u> % <u>Sodium Sulfate</u> <u>0-3</u> % <u>Chromium Sulfate</u> <u>0-1</u> % <u>Scale</u> <u>0-5</u> % <u>Dirt</u> <u>5-10</u> % <u>Water</u> <u>78.2-95</u> % _____ % _____ % _____ % TOTAL 100%	F. Metals UNK YES NO <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Arsenic (As) _____ PPM <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Mercury (Hg) _____ PPM <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Barium (Ba) _____ PPM <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Nickel (Ni) _____ PPM <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Cadmium (Cd) _____ PPM <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Selenium (Se) _____ PPM <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Chromium (Cr) _____ PPM <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Silver (Ag) _____ PPM <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Copper (Cu) _____ PPM <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Thallium (Tl) _____ PPM <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Lead (Pb) _____ PPM <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Zinc (Zn) _____ PPM <input type="checkbox"/> <input checked="" type="checkbox"/> (Hexa) Chromium (Cr-VI) _____ PPM <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other _____ PPM <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other _____ PPM <input type="checkbox"/> Total, ppm <input type="checkbox"/> Extract (TCLP)				
G. Hazardous Characteristics (From CFR-40) Is the waste? <input type="checkbox"/> Pyrophoric <input type="checkbox"/> Infectious <input type="checkbox"/> Water reactive <input type="checkbox"/> Radioactive <input type="checkbox"/> Pathogenic <input checked="" type="checkbox"/> None <input type="checkbox"/> Explosive <input type="checkbox"/> Pesticides/Herbicides <input type="checkbox"/> Biological <input type="checkbox"/> Shock sensitive <input type="checkbox"/> Etiological					
H. Other Components UNK YES NO <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Cyanides _____ PPM <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Formaldehyde _____ PPM <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> PCB _____ PPM <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Phenols _____ PPM <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Sulfides _____ PPM <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Halogenated Organics _____ PPM <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Aromatic Hydrocarbons _____ PPM	I. Shipping Information D.O.T. Proper Shipping Name <u>RD, Hazardous Waste</u> <u>Liquid, N.O.I. (Chromium)</u> R.Q. <u>1</u> <u>16</u> UN/NA# <u>NA 9189</u> Hazard Class <u>ORM-E</u> RCRA Waste? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Code <u>P001</u> CA. Hazardous Waste? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Code <u>132</u> CA. Restricted Waste? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
J. Special Handling and Safety Information <u>Wear gloves and goggles</u>					

I certify and warrant that the above information, the information attached, and the waste stream as described is true and correct to the best of my knowledge and ability and no willful or deliberate omissions exist, and that all known and/or suspected hazards have been disclosed, and that a sample representative of the waste stream has been or is being sent to the proper facility.

Tracy Takahashi - Agent for generator Project Scientist 6/11/93
 SIGNATURE TITLE DATE

REQUEST FOR FACILITIES MATERIAL

Serial No.

219016

☐ EMERGENCY (JUSTIFICATION)

CRITICAL

☐ ROUTINE

Requested By R. Small		Employee No. 330487		Phone 533-7920		Date 7/6/93		Dept. CB-434		Bldg & Column		Benefiting Dept. C-662				
Acct. No./CCN FD8200 AF				PEMO/Source				Maint Work Order/ARO				Date Material Required Complete				
Item	Qty	O/U	Vendor Part No.			Description/Manufacturing						Unit Price		P/U		
01	01	LT	Invoice 38087			Service of 6/12/93										
			w/o: 33762													
			manifest													
			92746251													
JUSTIFICATION				Suggested Supplier								SUBTOTAL		3775.21		
				United Pumping								TAX				
												Phone No.		TOTAL		
				MATERIAL FOR				AUTHORIZED SIGNATURES								
				Machine/Equipment				Team Leader		Date						
				Model/Manufacture				Stockroom Cord.		Date						
				Serial No.				Group Leader		Date						
				Size/Type				Business Unit Manager		Date						
Deliver To				DAC/Control Number				Bldg/Column		BO&A Group Leader		Date				
Bldg.				Column				Dept.		Assigned To		Reassigned To				
Name				Ext.				AM		PM						
				<input type="checkbox"/> DISTRIBUTION				G 7/6/93								
GPOS BUSINESS OPERATIONS & ACQUISITION ONLY												ANALYST				
Supplier				Work Order No.				Name				Date				
Supplier Name/Address				Purchase/Contract No.				Expected Shipment Date								
Phone No.				CCN				Ship Location								
Supplier Contact				Chg to Dept				PEMO/Source				FOB				

DISTRIBUTION: White, Canary and Green – GPOS Business Operations & Acquisition; Pink – Originator



UNITED PUMPING SERVICE, INC.

14016 EAST VALLEY BOULEVARD
CITY OF INDUSTRY, CALIFORNIA 91746
PHONE: (818) 961-9326
FAX (818) 336-7734 SALES
FAX (818) 961-3799 OPERATIONS

INVOICE

38087

DOAI2

SOLD TO:

Douglas Aircraft
19503 So. Normandie, C-6-711
Att: Polly Dini, C6-13
Torrance, CA 90502

JOB SITE:

Douglas Aircraft
19503 So. Normandie, C-6-711
Att: Polly Dini, C6-13
Torrance, CA 90502

DATE	NO. OF TONS	MANIFEST NO.	TERMS
06/18/93		92746251	06-14-93 net 30
PURCHASE ORDER NO. S&S25652-F6407		ORDER DATE 06/12/93	SALESPERSON BP
			WORK ORDER NO. 33762

QUANTITY	DESCRIPTION	UNIT PRICE	TOTAL
1.00 Load 907	Trans. to Chem-Tech, Vernon, CA	422.50	422.50
	120 BBLs Stainless Steel		
3.75 Hrs. 710	Additional loading time:	69.00	603.75
2.00 Hrs. 711	Additional offloading time:	69.00	138.00
1.00 Load 700	Disposal Fee:	2,440.80	2,440.80
1.00 Each 701	Disposal Service Charge:	170.86	170.86

TOTAL AMOUNT DUE

\$ 3,775.91

DIRECT DELIVERY SHIPMENT

Material Accepted As Listed

Exceptions Noted:

C. M. Magan
Authorized Signature

Employee Number 25531

Dept. # 710 Date 6/12/93

OK to Pay:
Robert Tuel
C330487
07-06-93



Weighed at
CHEM-TECH SYSTEMS, INC.

3650 E. 26th Street, Los Angeles, CA 90023
(213) 268-5056

No 15186

CERTIFIED SCALE TICKET NUMBER 283

TRANSPORTER

GENERATOR

POINT OF ORIGIN

HAZARDOUS
NON-HAZARDOUS

HAZ. MANIFEST NO.

TRUCK LIC. NO.

TRAILER LIC. NO.

SPECIFIC GRAVITY

GALLONS

DRIVER'S SIGNATURE

INBOUND 50700-1b
TRUCK ID 16.9

IN DATE 6-14-93 TIME 2:31PM
OUT DATE 6-14-93 TIME 6:29PM

50700 1b GROSS
35340 1b TARE
15360 1b NET
TRUCK ID 16.9

BY: CHEM-TECH SYSTEMS, INC.
WEIGHMASTER

DEPUTY:

DATE:

TIME:

WEIGHMASTER CERTIFICATE

THIS IS TO CERTIFY that the following described commodity was weighed, measured, or counted by a weighmaster, whose signature is on this certificate, who is a recognized authority of accuracy, as prescribed by Chapter 7 (commencing with Section 12700) of Division 5 of the California Business and Professions Code, administered by the Division of Measurement Standards of the California Department of Food and Agriculture.

A service fee of 1 1/2 percent per month (18% per annum) shall be charged on all past due accounts. In the event this account becomes delinquent and it is necessary to institute legal proceedings, purchaser agrees to pay reasonable attorney's fee and court costs.

ORIG:83/REV:5/93 SM

SUMP 5
SOLIDS TO THE PIT.

CHEM-TECH SYSTEMS, INC.

THIS FORM MUST BE FILLED OUT COMPLETELY BY THE DRIVER. This information will assist CHEM-TECH with its on-going efforts to shorten driver waiting time and improve service by eliminating any unnecessary delays.

DATE 6-14-93 LOAD NO. 7 MANIFEST NO. 98746251
TRANSPORTER HT GENERATOR DAC TRD.
TRAILER NO. 79 TRACTOR NO. 161
TIME IN 7:31 AM () PM () DROP TRAILER YES () NO () TIME OUT 025 AM () PM ()
SAMPLE COLLECTED I2 #1125 TIME _____ AM () PM ()
LOAD STATUS: () ACCEPTED () REJECTED TIME _____ AM () PM ()
OFFLOADING START TIME 5:00 AM () PM () TIME COMPLETED 5:50 AM () PM ()
WASHOUT: YES () NO () START TIME 5:50 AM () PM () TIME COMPLETED 6:30 AM () PM ()
IS TRAILER CLEAN? YES () NO () IF NO, STATE REASON _____
DRIVER'S SIGNATURE Mike Quinlan

IN CASE OF EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802: WITHIN CALIFORNIA, CALL 1-800-852-5050

GENERATOR

IN CASE OF EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802: WITHIN CALIFORNIA, CALL 1-800-852-5050

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address Douglas Aircraft Company Attn: R. Tuell M/S C6-59 19503 S. Normandie Avenue, Torrance, CA 90502		C A D 0 8 6 5 1 0 0 0 5		9 3 0 8 8	A. State Manifest Document Number 92746251
4. Generator's Phone (310) 533-7926 or (310) 533-7231		6. US EPA ID Number		B. State Generator's ID H I A R 0 3 6 1 0 0 5 6 9 8 1	
5. Transporter 1 Company Name United Pumping Service		C A D 0 7 2 9 5 3 7 7 1		C. State Transporter's ID 408496	
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone (818) 961-9326	
9. Designated Facility Name and Site Address Chem-Tech Systems, Inc. 3650 E. 26th Street Vernon, CA 90023		10. US EPA ID Number		E. State Transporter's ID	
				F. Transporter's Phone	
				G. State Facility's ID C A T 0 8 0 0 3 3 6 8 1	
				H. Facility's Phone (213) 268-3137	
11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No. Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste Number State EPA/Other
RQ, Hazardous Waste Liquid, N.O.S. (Chromium) ORM-E, NA9189 (D007)		0 0 1 T T	1 5 6 8 0	P	132 5007
b.					State EPA/Other
c.					State EPA/Other
d.					State EPA/Other
J. Additional Descriptions for Materials Listed Above a) Profile # 109073. Chromium Reduction Tank Rinse. Chromium Hydroxide 0-3% Scale 0-5% Sodium Sulfate 0-3% Dirt 5-10% Chromium Sulfate 0-0.1% Water 78.9-95%		K. Handling Codes for Wastes Listed Above a. 01 b. c. d.			
15. Special Handling Instructions and Additional Information In case of accident contact Chemtrec at 800-424-9300. (24 hr emergency #) DOT ERG # 31. Weight is approximate. 26906-12-93					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of the consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable federal, state and international laws. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.					
Printed/Typed Name Robert G. Tuell, Jr.		Signature Robert G. Tuell, Jr.		Month Day Year 06/12/93	
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name Alfredo Ayala		Signature Alfredo Ayala		Month Day Year 06/12/93	
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name		Signature		Month Day Year	
19. Discrepancy Indication Space					
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19 Printed/Typed Name BRET KYLE					
		Signature Bret Kyle		Month Day Year 06/14/93	

DO NOT WRITE BELOW THIS LINE.